MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad livad, If institution: Rasidanca before admission) a. COUNTY b. COUNTY by the MARYLAND death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Autside corporate limits, write RURAL and give naarast town) write RURAL and give neerest/rown) .= Pages 99 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) a. IS RESIDENCE ON A FARM? YES NO M completely papers. 3. NAME OF DATE Month Year 72 DECEASED OF (Typa or print) DEATH 196/ 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED physician USUAL OCCUPATION (Giverkind of work 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retirad) 13. FATHER'S NAME attending ARMED FORCES? (Yes, no, or unkown) | (If yes give were rdates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Entar only one causa per lina for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. tulmingting Pn IMMEDIATE CAUSE (e) DUE TO Conditions, if any which geva rise to immadieta causa DUE TO (a), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? SE NO use prior CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 1B.) for (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ) (State) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While may be retained DIRECTOR: Af et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 2/25, 1961 to 2128 1961, that (1) (we) last 1961 saw the deceased alive on... .... and that death occured at CalM, from the causes and on the date stated above. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED m PHYS. DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 569 Revolution St. Haure de Grace, Md O HOS death. 23a. BURIAL, CREMATION, | 23b. 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) O jp Burch 28a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Md. DATE

LANGUE THE REAL PROPERTY AND ADDRESS OF THE PARTY OF THE TO HOSP.

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

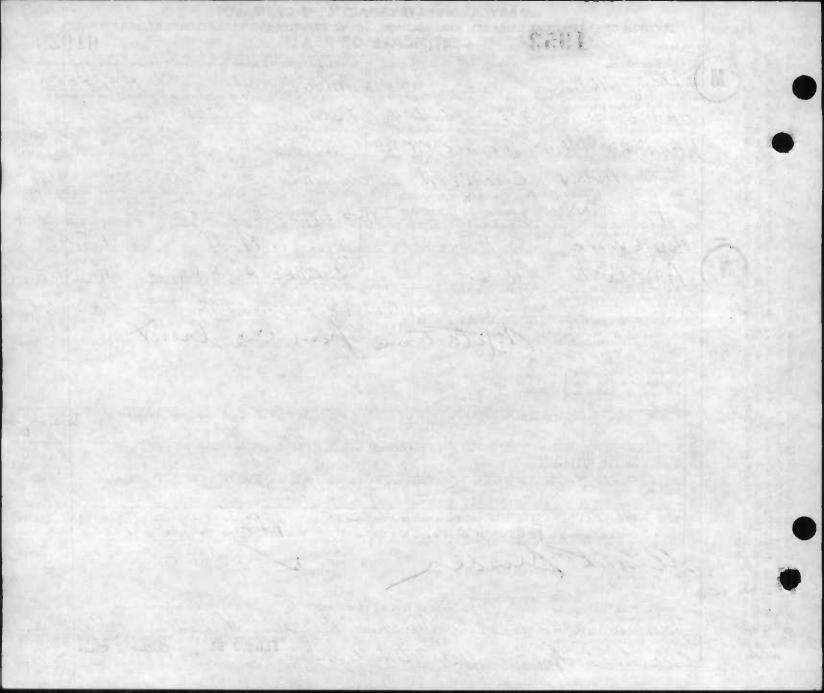
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and is any event, within 72 hours after death.

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1923)

	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
M	O. COUNTY HARFORD MARYLAND	· STATE (LAND b. COUNTY HARFORD
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	write RURAL and give neerest town	RURAL FOREST HILL
	HAVRE de GRACE à MYS	d. STREET ADDRESS
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. SIREEL ADDRESS ON A FARM?
le di	HARFORD MEMORIAL HOSPITAL	ROCKS ROAD YES NO
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) MARI FITARETH RO	DIALNING DEATH FEB. 20 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	WIDOWED DIVORCED A	AUG. 29. 1912) 48 yrs. Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE	and a NC 1/5A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
	1 20 0 0 5 2 10 1	
	HMBKOSE TUGH	CORDELIA SARAH ROUPE
-/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, np. or unkown) [(Ifyesgivewerordetesofservice)]	NFORMANT Address /
		SEPH K. BROWNING FOREST HILL, M.D.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: AAA ST.	ONSET AND DEATH
	IMMEDIATE CAUSE OF VIllacland	year ca cua.
	DUE TO	
	Conditions, if eny, which (b)	
	geve rise to immediate ceuse	
	(e), steting the underlying DUE TO	
	cause lest, (c)	TO THE TOTAL PROPERTY CONTINUES OF THE PARTY AND THE PARTY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO U
		. (Enter neture of injury in Pert I or Pert II of item 18.)
	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION OF THE STATE OF THE STAT	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
		ory, street, office bldg., etc.)
	Hour e.m. While Not While at work et work	
	21. I certify that (I) (this hospital) attended the deceased from	Se pt , 1953, to, 19, that (I) (we) last
		death occured at 15M, from the causes and on the date stated above.
	220 SIGNATURE	22b. DATE
	1226/SIGNATOR	ATTENDING MSO STAFF SIGNED
		.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Taxing Libbol	
	23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	REMOVAL (Specify) 2/22/1911 Boldin Me.	in the Bul Bill mid
4	During War 101 101 100 cm iles	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
11	24 FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Charles 6. Hurt parrellone	le me DATE
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DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where daceesed livad, If institution: Residence before admission) b. COUNTY York c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Rural - Delta e. IS RESIDENCE ON A FARM? YES NO T Month Feb. 19 AGE (In yeers | IF UNDER | YEAR | IF UNDER 24 HRS. last birthdey) Months 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Clifford Buchanan, Whiteford Md ONSET AND DEATH

PERFORMED?

(County)

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(Stata)

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VR A15 (4) 15M 9/60

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# 5-31-61 ams FOR STATE HEALTH DEPT

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O DEPUL: MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any y is nec y, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUZ VS. A1.

5M 7

DEPT.	=		13.1.1					(1420)
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	d		0	if not in hospitel, give street eddress)	d. STREET ADDRESS			I e. IS RESIDENCI
X	100					Marie Land		ON A FARM?
death.	2 %	JAME OF	First	10.10		orton		YES NO
de	D	ECEASED			Last	4. DATE OF	Month	Dey Year
5/ _	10	Type or print)	EDGA		CHAPPELL	DEATH ]	February	20 19 61
1	5 S	EX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH		(In years   IF UNDER 1	
		Male	White	WIDOWED TO DIVORCED	June, 12, 19	912	_ introduting	Days Hours Min.
	10e.	USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDUS		-		ZEN OF WHAT COUNTRY
	done	during most of v	vorking life, evan if retira	d)				
		Mechanic		Auto	Virgin	La		U.S.A.,
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	17	Jam	es Chappell		Lin	nie Cox		
		WAS DECEASED E	VER IN U.S. ARMED FOR (If yes give werer detes of se				Address	
	(105,	no	(it has \$144 may or desayot a		Ars., Elza C.	Channell	Fdgerrood	,Maryland.
201	1		DEATH [Enter only one	cause per line for (a), (b and (c).)	no., Erza C.	Chapperr	FaßeMood	I INTERVAL BETWEEN
1			TH WAS CAUSED BY:	Aspiration of Ga	astric Conter	ats due t	0	ONSET AND DEATH
			IMMEDIATE CAUSE (e)	Fatty Liver and	irrhosis			
		58	DUE TO					Marie Marie Sa
		Cond. ons, if ar	y, which ) (b)					
		geve rise to imme	DIJE TO					
		(a), stating the cause lest.	underlying					EXTRA FAIR
	_ =		ER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	1/a) 10 WAS ALITOPSY
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	8	CAUSE OF DEATH						
643	18	20c. TIME OF IN.	JURY Month, Day, Yes		LACE OF INJURY (Homa, fare		wn) (Cour	nty) (State).
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774	-	p.m			LIL A. GE			
	1			of the remains described above,			Inquiry,	and in my opinion
		death resulted	from: Natural ca	auses X./ Accident , Su	icide . Homicide	, Undeter	mined manner	
3.1			01.	. //	CHIEF MEDICAL	EXAMINER		
		ACTUAL	(Charles	S. Tetter:	ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
)		SIGNATURE_	Commo	5-100	DEPUTY MEDICA	Contract Con	A DOVE SE	2/21/61
d		EXAMINER'S NAME (Type)	Charle	a C Patter M D				5/21/01
-	-	BURIAL, CREMAT	Charle			city, town, or county	') City, town, or country)	(Stete)
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	Re	moval	Feb.23.19	61 Vaughan-Gwynn	F.H.,	Galax		Virginia
	2	FUNERAL DIRECT	OR 1411			C'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
	14	OLUTERN	K Ulc Onous	Abingdon, M	aryland.	B 2 4 '61	arthur S. 1	Kraus
	1		11	<b>/</b> ×		2 1 01		
			/					

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDRA

4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Drokers. C. 227. 5 3 13 11 d tora Male Male June, 1., 1918 1000 int .ir 'ncinic Joes Chemeli Linni Cx total And Man, Man C. Casmers Common Maryland. es the control of the denies describes S. Metty, M. I., Comments of the comments of olain met Teo. E, you ten on the control of th Levanor · 0 4 25 , 00 2 1 1 .

PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR DICAL EXAMINER'S 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission 1. PLACE OF DEATH e. COUNTY Page director, Page or your files. b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerast town) writh RURAL end give neares# town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital. d. STREET ADDRESS ON A FARM? retained State E YES NO IX death. NAME OF 4. DATE Month DECEASED 2 with the (Type or print) DEATH vold be executed within 24 hours after death. If in pencil In Item 18. Give Pages 1, 2, and 3 to the Collice along with form PM3. Page 5 may be rourial-transit permit. File pages 1 and 2 with the burial-transit permit. File pages 1 and 2 with the count of the colling of the c 19 6. COLOB, OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In year IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR COUSTRY 11. BIRTHPLACE (Slele or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 an done during most of working life, even if relired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nam6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewer or dates of service) Son 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO removal, certificate should Conditions, if any, which (b) geve rise to immediate ceuse "pending" ro DUE TO lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or m (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Waglery, street, office bldg, etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (Stele) Not While While iley longer. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion Accident V. Suicide death resulted from: Natural causes Undetermined manner Homicide ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Type) DEPU Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Hing ham 10 g40 H REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME

MARYLAND STATE DEP

ARTMENT OF HEALTH

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VS A15 (4) 15M 10/57

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OR INSTITUTION	TAL (If not in hospital, g		oddress)		d. STREET ADDRESS	c n	Prod		e. IS RESIDENC ON A FARM YES NO
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WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF		EAGA	Address	1	
no. or unknown)	(If yes, give war or dates of s	ervice)		Hon	ford Convels	ann+	Home, Rt.	Дп .	D-3 44-
	ATH [Enter only one co	use per lin	ne for (o), (b), and (c), l	1 11 OT	TOTA CONVET	SCONE	nome, Ith.	- //	Hel Air,
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p. m.	<u> </u>		of work	- 1			-1		
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ACTUAL 11	100-0	1 F					treet, city or town, sto	ite)	DATE SIG
ACTUAL SIGNATURE	DA OUD KRI	1-1-	* COOL	M.E	Forest Hi	11, Mc	i. Fe	bruary	14, 196
PHYSICIAN'S NAME (Type)	Willard P	H.dsc	on M.D.						
BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	REMATORY	22d. LOCA	JON (City: town, ar	county)	(Stote)
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director, page 3

be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (T CREMATION, 250. REC'D BY VR A15 (4) 15M 9/60

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AARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ARFORD MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give negrest town) in by Co NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) IS RESIDENCE ON A FARM? LODGE YES NO completely papers. 3. NAME OF Middle DATE Day Year Month 72 DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED carbon 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. NEVER MARRIED and last birthdey) Months Days Hours WIDOWED I DIVORCED 29 yrs. event, physician remove IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) 1) omestic 13. FATHER'S NAME ding pleas aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c). ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO LATE AT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) for Affer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. CIOR: 21. I certify that (I) (this hospital), attended the deceased from..... 30M, from the causes and on the date stated above. .....19. \_\_\_\_, and that death occurred at !:. 22b. DATE 22e. SIGNATURE DIR ATTENDING 1 MED. STAFF SIGNED PHYS. DIRECTOR PHYS. death, Page 4 director, page be filed with th 22d. ADDKESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 3 Lures REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

15M 9/60

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TO HOSPILATE TO A Completely filled in by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haw A Py TO HOSPITA VR A1S (4) 1SM 9/59

	1. PLACE OF DEATH o. COUNTY,			2. USUAL RESIDENCE (W			ence before admissio	on)
	HARFO	RD	MARYLAND	"MARVL	AND b.	COUNTY	ECIL	V
	b. CITY OR TOWN (If autside RURAL and give nearest to		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote limi	s, write RURAL and	d give nearest town)	
	HAVRE de	11 MARI	7 DAYS	KISIN	6 SU	N		
F	d. NAME OF HOSPITAL (IF no	ot in hospital, give street add	dress)	d. STREET ADDRESS		071	e. IS RESID	
	HARFORD M	EMCKIAL I	HOSTITAL			1-1	YES 🗆	NO 🔼
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Ye	eor
	(Type or print) AN	NA	LDA F	ELTMAN	DEATH	5 B.		96/
1	S. SEX	LOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UND irthdoy) Months	Days Hours	R 24 HRS. Min.
i	-	WIDOWED [	DIVORCED [	6-12-18	83 71	7 yrs.	Duys Hours	TVIII.
ı	10o. USUAL OCCUPATION (Giv during most of working life	e kind of work done 10b. KIN , even if retired)	ND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e or foreign country)	12. C	ITIZEN OF WHAT CO	DUNTRY?
ŀ	HOUSCUTT	re /	TCT.	MICH	HIGAN		U.S.A	
	13. FATHER'S NAME	_	00' -00	14. MOTHER'S MAIDEN	NAME			
	unlown	FI	KKITAG	Unhou	5h			
	1S. WAS DECEASED EVER IN U. (Yes, no. or unknown) (If yes, gi	S. ARMED FORCES? 16. SOO	CIAL SECURITY NO. 17.	INFORMANT	+	D Address	C	MI
	NO	472.	01-1273D.C	arl D. Tel	man 1	515119	Jun,1	10.
		nter only one couse per line f	for (o), (b), and (c).]			1	ONSET AND	DEATH
H	PART I. DEATH WA	DIATE CAUSE (o)	erebra	vascula	r enc	Map Col	12 5	Day
-	23/1	DUE TO	H	+			9	/
	Conditions, if ony, who		TIXAPEN	tension			- M	NO,
h	couse (o), stoting the una		10					
	lying couse lost.	) (c)						
	PART II. OTHER SIG	NIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BI	IT NOT RELATED TO THE TERM	MINAL DISEASE COND	ITION GIVEN IN P	PERFOR	RMED?
	S ASSESSED TO THE STATE OF THE	Tool Breen	ar How belling occurs		D. A. L DA. HE. A.	18 \	YES 🗌	NO
	PART II. OTHER SIG	JSE OF DEATH	BE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II or ite	m (B.)		
	20c. TIME OF INJURY Mor	· ·		PLACE OF INJURY (Home, far foctory, street, office bldg., e		)	(County)	(Stote)
	Hour o.m.	19 While of work	TAOL MILLS	octory, street, office blug., e		,		
	21. I certify that (I) (	this haspital) attended	the deceased from	1/5	6/10 2	/3 19	5/, that (1) (v	ve) last
	saw the deceased al	0/7	[-1	/	M from the co			
	220. SIGNATURE	M 1 -	-					DATE
		1 led	Touln	M.D. PHYS.	MED. STAF		2/3	161
	22c. PHYSICIAN'S NAME (Type)	11.1	104	22d. ADDRESS	<	_	20)	/ /
		1/41/	Oylow	r KI	51mg -	>1/2	1110	
	23a. BURIAL, CREMATION, 23E	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (CI	ty, town, or county	(Stote	=)
	BUTIGE 2	-1-1461	Brookui	ew cem	Arisin	9 347	mo	6.
	24 FUNERAL DIRECTOR'S SIGN	ATURE TO ALL	ADDRESS .	7 1		2Sb. REGISTRAR'S		
	110mm m /	n. Istalle	11.01-01	sa Mh DATE	EB 7 '61	O 13 -	9 65	

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# FOR STATE HEALTH DEPT, TO DEPUTATION (IED.). EXAMINER: This certificate should be executed within 24 hours after death. If any consists please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funesar director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1907
1. PLACE OF DEATH  e. COUNTY  OUT OF THE PROPERTY OF THE PROPE	afora admission)
Harfier MARYLAND STATE AND SCOONIT Hearfer	1
b. CITY OR TOWN (if outside corporate limits, write RURAL and give near town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give near town)	ast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	. IS RESIDENCE
youther B. D. A. M. H. M. A. T. C.	ON A FARM?
3. NAME OF DECEASED (Type or print)  Sould The Dest Death Corporation of Dest Dest Dest Dest Dest Dest Dest Dest	19 6/
1. MAKKIED NEVEK MAKKIED	UNDER 24 HRS.
108. USUAL OCCUPATION (Give kind of work 10b_KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (Stele or foreign country)   12. CITIZEN OF W	HAT COUNTRY?
dependent of working life, even if retired) Couring Do. Wary and U. &	169.
13. FATHER'S NAME TO DOTGE LES LET 14. MOTHER'S MAIDINNAME TO WITHOUTH	
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	1
(Yas, no, or unkown) (Ifyesgivawarordalesofservice)	red.
	AL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) A vicios elevolic C disease ONSET	AND DEATH
422 DUETO	
Conditions, if eny, which (b)	
geve rise to immediate cause	
(e), stating the underlying	
(6)	WAS AUTOPSY
AE2	PERFORMED?
20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTION CONTRIBUT	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)
Hour e.m. Whila Not While fectory, street, office bldg., etc.)	
	my opinion
death resulted from: Natural causes 2, Accident , Suicide , Homicide , Undetermined manner	
CHIEF MEDICAL EXAMINER   BRIDER MU	
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE	E SIGNED
EXAMINER'S GET ALD E TO MEDICAL EXAMINER DAD Address (Street, city, town, or county)	5-61
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 2/9/6/ CHICAGO THE PROPERTY COUNTRY)	(State)
23. NUMERAL DIRECTOR (LANGE COM. THE THE PROPERTY SIGNATURE ADDRESS THE PROPERTY SIGNATURE ADDRESS THE PROPERTY SIGNATURE	
John 1. October Control Date EB 10'61   Chinas 2.	

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# death. Page 4 may retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth

VR A15 (4)

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	1000 CERTIFICATE OF DEATH	01938
	COLUMN	NCE (Whare dacassad lived, If institution Rasidance before admission)
1	//UNIORAL MARYLAND	Ma. CEEIC
I	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN wyite RURAL and give nearest town)	(If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRES	S Jeposii.
A	Har Fand Managed Hachital Bry	74 07X-) ON A FARM?
4	3. NAME OF First Middle Last	4. DATE Month Day Year
	(Typa or print) 6 1/2 Cabbo PT	OF DEATH 2 17 196/
1	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH	9. AGE (In years   IF UNDER TYEAR   IF UNDER 24 HRS.
1		919 (last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	ounty & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
1	House-wife Wil	Va USA
	13. FATHER'S NAME	NNAME MILLS
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	a III ALCK
	(Yas, no, or unkown) (Ifyasgivawarordatesofsarvica) 6-22-4726	AddresPort Deposit, Mo
1	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	DOCKI. 105 Da Wall BETWEEN
	PART I. DEATH WAS CAUSED BY: Bacterial Englo	Poly Xis ONSET AND DEATH
1	DUE TO	
	Conditions, if any, which (b) Alle Chica delilion is the	255-r. (augestis - 6 ked He
1	(a), stating the underlying DUE TO	
1	causa last. (c)	NAME OF THE CONDITION OF THE PARTY OF THE PA
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CONTRIBUT	PERFORMED?
	20a, ACCIDENT WAS UNDERLYING   20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in	in Part I or Part II of itam 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ZOc. TIME OF INJURY Month, Day, Yaar   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, fa	
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fee factory, street, office bldg., a twork at work	itc.)
	21. I certify that (I) (this hospital) attended the deceased from 304.	, 1961., to 2 - 1 >, 1961., that (I) (we) las
ì	saw the deceased alive on 196/, and that death occured at	
	228. SICHAHURE ATTENDING	MED. STAFF 22b. DATE
	22c. PHYSICIAN'S 22d. ADDRESS	DIRECTOR PHYS.
	The state of the s	eposit, md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (Stata)
T	Removale Burial . 2-18-1961 . Woodlawn Cemetery	Auto, West Virginia
	Depreyille 16	REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ı	Lee a, (Palerson 4 Son, Perryville, Md. DAIF	EB 20'61 arthur & Krous

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IS RESIDENCE ON A FARM?

YES NO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

V62 5

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(State)

Day

Days

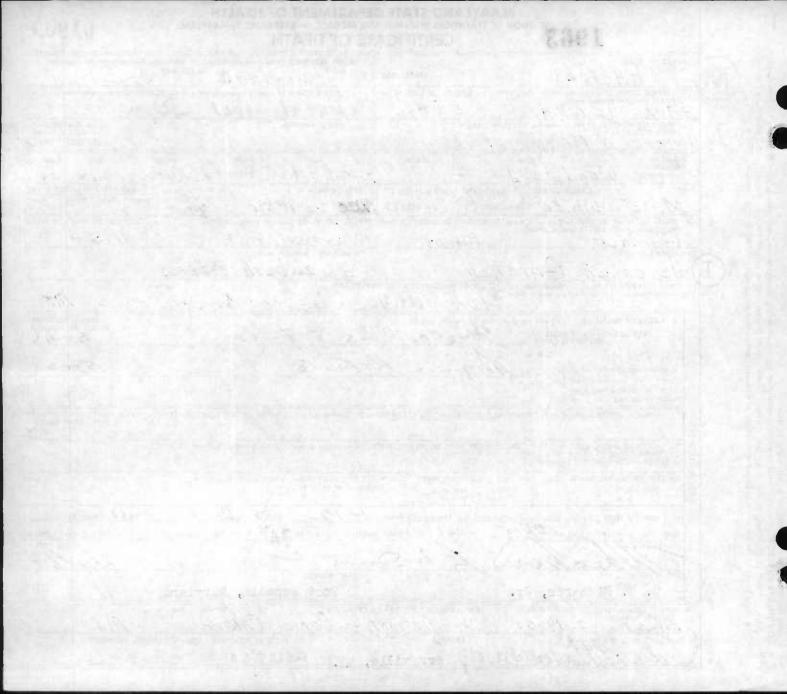
(County)

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CERTIFICATE OF DEATH director, with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Funerol CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) shauld 0.13 (9R,806 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION FOR moki pup 4. DATE OF DEATH NAME OF Middle Last Month DECEASED Pages death. (Type or print) IF UNDER TYEAR IF UNDER 24 HRS S. SEX COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED | yrs. oft papers. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FArdner pan 72 13. FATHER'S NAME . = COL eremia remave 17, INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 0 please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate per DUE TO cause (o), stating the underlying cause lost buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) the SD 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc. Hour o. m. While Nat while ot wark of wark p. m 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... 1961, and that death accurred at 52M, from the causes and an the date stated above. saw the deceased alive on 3/13 FUNERAL DIRECTOR 22g. SICNATURE ATTENDING PHYS. shauld be DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Richards. Port Deposit, Maryland late 3 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, town, or county) page REMOVAL (Specify) 0 4. FUNERAL ADDRESS 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DATFEB 2 0 '6

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4	MARYLAND STATE DEPARTMENT	OF HEA
	DIVISION OF STATISTICAL DESCAPCH AND DECORDS 301 W DDEST	ON STREET

MARYLA	ND STATE DEPART	MENT OF HEALTH	
VISION OF STATISTICAL RESEARCH	AND RECORDS, 301 W	V. PRESTON STREET, E	SALTIMORE 1, MARYLAND

	1962	CERTIFICATE	OF DEATH		019	141
1.	PLACE OF DEATH	1		E (Where deceased lived, If i		admission
	HARFORD	MARYLAND	. STATE MARC	4/And	HARFOR	0
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporata limits, writa	RURAL and give naarest tow	vn)
1	HAVRE DE GRACE d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street address	d. STREET ADDRESS	OF GRAC	5 1 . IS R	RESIDENCE
	11001 - 11-	Kial HOSP.	3.08 11	1:150n 5+		A FARM?
3.	NAME OF First	Middle nee F:	cazzitta)	4. DATE Month	Dey Yee	er .
	(Type or print) MARY	A	DENTRY	DEATH FEBR	MARY 17 19	61
5.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years lest inthdey)	Months Days Hours	R 24 HRS. Min.
10	-11111- 1001111	DOWED DIVORCED MA	ar.1,1905	y & State, or fore un country)	12. CITIZEN OF WHAT	COUNTRY
	ona during most of working life, aven if retired)		T+0	y & State, or loterall country,	4000000	
13	Bresser FATHER'S NAME	Laundry	14. MOTHER'S MAIDEN N	NAME	U.S.A.,	,
	Frank Albione		Unknown			
	. WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown)   (Ifyesgivewerordetesofservice		FORMANT	Address		7-13
	no	212 10 0017 -	mas Gentry	Hav	re de Grace	Md.
	18. CAUSE OF DEATH   Enter only one caus PART I. DEATH WAS CAUSED BY:	a per line for (a), (b), and (c).]	0 .	0	INTERVAL BE	
	IMMEDIATE CAUSE (a)	wente Car	der F	Cecture		
	DUE TO	01 0	· de	61 - 7		
1	Conditions, if eny, which gave rise to immediate ceuse DUE TO	carrie Capita	11		~	
	(e), stating the underlying cousa lest.	Coronary	Throw bo	rio	LIMIT AND ST	
ATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION GIV		AUTOPSY ORMED?
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in P	ert I or Pert II of item 18.)		
WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.		CE OF INJURY (Home, farm ry, street, office bldg., etc.		(County)	(State)
ME	p.m. 17	et work et work	2 - /2	61 7 1	2 []	
	21. I certify that (I) (this hospital)	1/2 //		165 10	, 19, that (1)	` '
	saw the deceased alive on	194./, and that				b. DATE
	6 hish	200 M.I	Dille DEZ D	AED. STAFF	2-17-61	, SIGNE
	22c. PHYSICIAN'S NAME (Type) E J'SIA	104	44AURES	DEGRACE,	Kr. Q.	
23	a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL TSPORTS   Feb. 22,19	61 23c. NAME OF CEMETERY C	OR CREMATORY	Havre de Grac		Md.,
24	FUNERAL DIRECTOR'S SUSNATURE	ADDRESS Abingde	on, Md., 250. REC		GISTRAR'S SIGNATURE Lilly S. Kraus	
7	77					

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Secretary January

Mr. 1,1905

L LICKY

1 -10 9917 Thomas Gentry

1-3.-31 Fb. B. Journe de une , Irrent, M.,

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11	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
*	1965 CERTIFICATE OF DEATH	g. Dist. No. (1194)
	1, PLACE OF DEATH  o. COUNTY  Harford  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE  M. D. COUNTY  Harford  MARYLAND	TT
	all old	Harford
	b. CITY OR TOWN (If outside corporate limits, write RURAL RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	ond give nearest town)
(IM)	Rural * Street 57 years Rural -Street	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
X	3. NAME OF First Middle Lost 4. DATE Month OF	Day Year
-	(Type or print) VERNON ELMER GRIER DEATH Februs	ery 24. 1961
-	last hirthday) Man	NDER I YEAR IF UNDER 24 HRS.
# /	WIDOWED DIVORCED W JULY 9, 1903 57 yrs.	oths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
1	Tile setter Construction Street. Md.	USA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1 5	Elmer L. Grier Josephine Butler	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIG SOCIAL SECURITY NO. 17. INFORMANT. Address	- 2 · D ·
100	No   11 yes, give wor or dotes of vervice)   577-14-0038 Miss Margie Grier Balto.	Belair Rd.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (y).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Charle Carehal Failme	ONSET AND DEATH
419	Conditions, if ony, which)	
	gove rise to immediate couse (o), stoting the under.  DUE TO	No.
	lying couse lost. (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	710
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
V	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of inferry in Port I or Port II of tem 18.)  OR CONTRIBUTING   CAUSE OF DEATH  OF LETHER, NOTIFY MEDICAL EXAMINER)	
ľ۷	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
3.7	Hour o. m. While Not while factory, street, office bldg., etc.)	(0.00)
To H	60 7019 61	at I last saw the deceased
7	alive an	DATE SIGNED
	SIGNATURE SIGNATURE M.D. M.D. M.D. M.D.	12/29h
	PHYSICIAN'S / 65126A, Hunt Della Da	
-0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or cou	nly) (Stote)
00	Burial Feb. 27, 1961 Deer Creek Meth. Forest Hill	Md.
3	23 YUNERAL DIRECTOR'S CONATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR	SIGNATURE
	John H. Haubens Delta, Penna. DATE MAR 1 '61 auch	un S. Kraus
-11 7-7-1		23, 100

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a ,		per per la la servicio		
			15 10	
Marine Committee of the				
	LINE MARKET			

...

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1968 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Harford Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lifetime Edgewood Edgewood d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Willoughby Beach NAME OF First Middle Lost 4. DATE DECEASED (Type or print) DEATH William Gunther Frederick 5. SEX 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 8. DATE OF BIRTH DIVORCED [ WIDOWED [ popers. male white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Stationary Fireman U.S. Govt. Edgewood, Maryland. puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Gunther Emka Behrends 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Rosa M. Gunther none no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** ony Conditions, if any, which (b) gned gove rise to immediate per DUE TO couse (o), stoting the underlying couse last. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20 os emotion, 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) foctory, street, office bldg., etc.) 0. 11. While Not while p. m. at work at work

Month Day Year 22 61 Feb. 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Edgewood Maryland. INTERVAL BETWEEN ONSET AND DEATH in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO T (County) (Stote) 21. I certify that I attended the deceased from 2 ta a 1961, that I last saw the deceased and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or tawn, state) ACTUAL PHYSICIAN'S Fred O. Hodus Edgewood Maryland NAME (Type) 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 26 Trinity Lutheran Joppa, Harfprd, Md. Feb 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR FEB 2 8 '61 Abingdon Maryland Certhur S. Thomas

Reg. Dist. No.

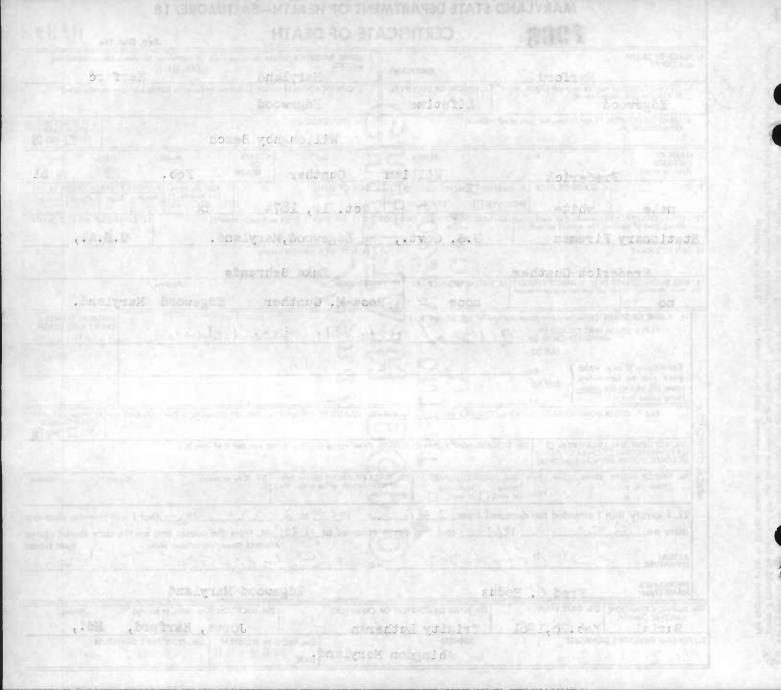
Harford

e. IS RESIDENCE

ON A FARM?

YES T NO T

P should

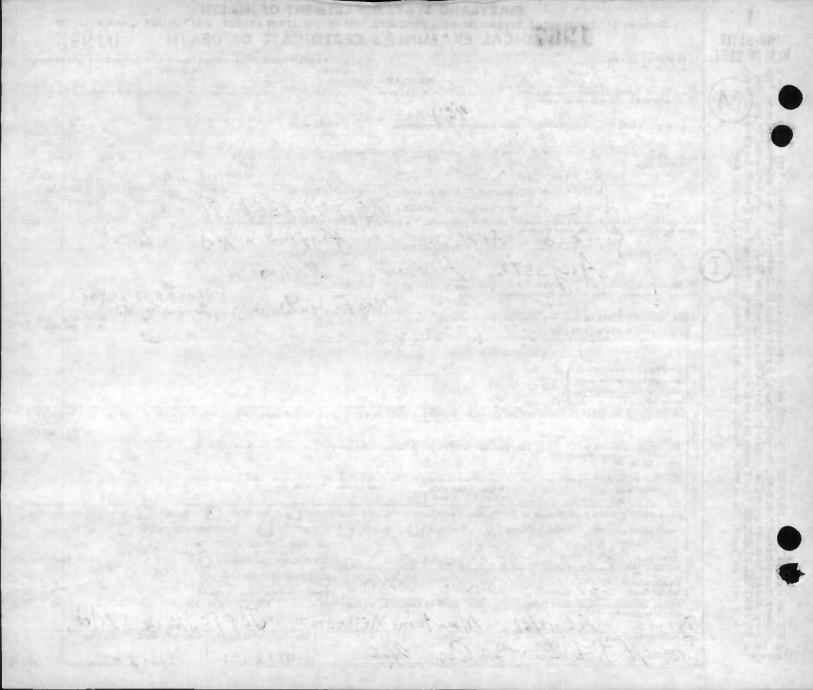


# FOR STATE TO DEPUTATELY. I. EXAMINER: This certificate should be executed within 24 hours after death. If any consists, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune ar director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()1943

	e. COUNTY e. STATE	b. COUNTY b. COUNTY
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR	TOWN (If outside corporete limits, write RURAL end give naerest town)
4	write RURAL and give nearest town).	3.04.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET /	NDDRESS   0. IS RESIDENCE ON A FARM?
	Chrolivel Road Ch	wednesse by d YES NO
	3. NAME OF DECEASED (Typa or print) First Middla Last tack & the control of the c	4. DATE Month Day Year OF DEATH 19 6
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH	Late at the A
ı	WIDOWED DIVORCED (O. 1)	1269 Plyrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retired)  At Harman Arman	CE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  4282 Co. MA  45.
1	13. FATHER'S NAME 14. MOTHER'S	MAIDEN NAME
J	Hugusta HUASON A	N KNOW N
	15. WAS DECEASED EVER IN U.S. APMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, orunkawn) (Ifyesgivawarordaysofservica)	DORS 44 BELLIE MI
	18. CAUSE OF DEATH [Enler only one cause par line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) A Merios leastle	C 1 1) SERTE ONSET AND DEATH
1	LLD DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate cause (e), stating tha underlying  DUE TO	
1	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STATE OF THE	TE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO
-		ury in Pert I or Part II of itam 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hour e.m. Whila Not Whila et work et work 19 et work	ome, farm, 20f. (City or town) (County) (Stete)
Т	21. I certify that I took charge of the remains described above, held an Autopsy	Inspection I, Inquiry I, and in my opinion
I	death resulted from: Natural causes X, Accident . Suicide . Ho	micide, Undetermined manner
I	CHIEF A	NEDICAL EXAMINER [] BOH
1	ACTUAL SIGNATURE SOULL CONTROL M.D. ASSIST.	ANT MEDICAL EXAMINER DATE SIGNED
	NAME (Type) G-E / B/ O C ) D/ Address	MEDICAL EXAMINER (Street, city, town, or county)
2	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY  BURIAL (Spacify)  LEGY 18/61  MONNTAIN MET DUDIS	+ Jappa Hartera Md
	BORN COM	DATEFEB 2 0 '61 Outling & Hanne
1	¥ / · · · · · · · · · · · · · · · · · ·	- Committee of the state of the



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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- 1		1440							
	1. PLACE OF DEATH	1308	,	and the same	USUAL RESIDENCE (Whe	ere deceased lived	l. If institution: F	Residence before	are admission)
4		MAKHORU	MARY		MARG	1/AND	+	IRC	ord
	, / RURAL and give ne	f outside corporate limits, earest fown)	write c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF 6)	/	mits, write RURA	L and give ne	agrest fown)
1	HAURE OF HOSPIT	AL (If not in hospital, give	street oddress)	yp	d. STREET ADDRESS	dec	MACE	7	e. IS RESIDENCE
	LAR GR	& Memor	ipl Hospit	91 3	50 171	LIANI	ce	1	ON A FARM? YES NO
Ī	3. NAME OF	First	Middle		/ Lost	4. DATE	Manth	D	ay Year
	(Type or print)	Enli	3A J.		145 KINS	OF DEATH	FELRUA		3 1961
	5. SEX	6. COLOR OR RACE 7	MARRIED   NEVER MARRIE	ED   8. 7	ATE OF BIRTH	9. A0		INDER 1 YEA	R IF UNDER 24 HRS. Hours Min.
	remare		IDOWED DIVORCE		W.29,18	82	79 yrs.	12	
	dyring most af work	king life, even if retired)	10b. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State of	ar foreign country	3/-	12. CITIZEN C	F WHAT COUNTRY?
-	13. FATHER'S NAME	oyle	Mensen	ye	MOTHER'S MAIDEN N	nond	, ra.	4.	2.14.
1	IS. PATHER'S NAME	Andna	(Janes)		Jane-	(no Re	contorl	est n.	enu)
t	15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	16. SOCIAL SECURITY NO	. 17. INFOR		/ /	Address	550 0	Cleance &
	(Yes, no, or unknown)	(If yes, give wor or dates of servi	mone none	mv.	Caloin H	estino	Havie	de &	I race, ma
			per line far (a), (b), and (c).	]				INT	TERVAL BETWEEN
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Thrombosis							
1	239	332 X DUE TO							
		Canditians, if any, which gave rise to immediate (b)							
	couse (a), stating the under. DUE TO								
	lying cause last.	(c)	TIONS CONTRIBUTING TO DE		10 SCIEVOSIS		IDITION CIVEN	INI PAPT 1/m	10 WAS ALITOPSY
1	PART II. OTH	TER SIGNIFICANT CONDI	21.	- )		VAL DISEASE COI	ADTHOR GIVER	IIV FAKT I(u)	PERFORMED?
	20- ACCIDENT WAS UNDERLYING TO 20h DESCRIPE HOW IN 1919 OCCUPANT IS A STATE OF BOAT I								
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
	20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Year	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Hame, form, street, office bldg., etc.)	20f. (City or to	wn)	(Caunty	(State)
	p. m.	19	While Not while at wark at work						
	21. I certify tha	it (1) (this hospital)	attended the deceased	fram. Jo	n. 9, 196	ol to Fei	b. 3	1961, 1	hat (I) (we) last
	saw the deceas	sed alive on 3.9	19.6, and	that deat	occurred a GAL.	M, fram the	causes and a	n the dat	
	22a. SIGNATURE	7 9	4 0		ATTENDING ME	D ST	AFF		22b. DATE , SIGNED
	22c. PHYSICIAN'S	ige J. Di	ansvery,	M.D.	PHYS. DIF	D. ST RECTOR PH	AFF IYS.		2/4/6/
	NAME (Type	Reproe T. S	Stansbury		569 Revolu	tion St. t	taure de l	Groce	Md.
	23a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEM	ETERY OR CR	EMATORY	23d. LOCATION	(City, tawn, ar co	ounty)	(State)
	Burial (Specify)	Jet. 8, 19	61 mt. Cal	vary	Cemetery	aber	deen	2horfor	d, md.
	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	di		BY REGISTRAR	25b. REGISTRA		
	CHARLOM	suron	Have al	succe	DATE DATE				

The party of the Court of the C

funeral ne 7 TO HOSPI:

JOHN TENDING PHYSICIAN: The law requires that the death certificate be executed with Page — may retained by the hospital or attending physician.

JOFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fine director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1000 CERTIFICATE OF DEATH

010 :

1000		(12:15)
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: R	esidence before admission
a. COUNTY HOR FORM MARYLAND	a. STATE b. COUNTY	PPIL
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside copposete limits, write RURAL and	give nearest town
Write RURAL end give nearest town)	Part Dans	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS JE POSI	l e. IS RESIDENCE
I HAME OF HOSPITAL OR INSTITUTION (IF not in nospital, give street educess)	SZ W W	ON A FARM
MARIORA MEMORIALHOSPILAL	0311.11191N.	YES NO X
3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer
(Typa or print) Michael Joseph	1/PKINS DEATH	3 196/
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
Make White WIDOWED MEWORRERS	Jan. 24, 1961 lest birthday) Months I	Deys Hours Min.
		ZEN OF WHAT COUNTRY
dona during most of working life, aven if retired)	Maryland	J S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 22
La		
TIPKINS, Waller. H.	Dolores A. Maloy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewarordatesofservice)		
Walter and the second of the s	Walter H. Hipkins, Port Depos	sit, Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Congristal	heart dise ase	ONSE! AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which  (b)  Pullmonu	12000	
Diagna and	A CONTRACTOR OF THE CONTRACTOR	
Conditions, if eny, which geve rise to immadiate cause	X	
(a), steting the undarlying DUE TO		
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPS
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR THE PROPERTY OF THE PROPER	RED. (Enter neture of injury in Pert I or Pert II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. P	PLACE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (Stete)
Hour a.m. While Not While	ectory, street, office bldg., etc.)	
Pilli	21	
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on	at death occured at.4.1.M, from the causes and on t	
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNE
Modera H. Caisci.	M.D. PHYS. DIRECTOR PHYS.	0101
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Theodore H. Kaiser, M.D.	. Havre De Grace, Md.	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		r) (Stefe)
harta (Specify) 2-7-1961 Honewell	Don't Donocit K	id. Rural
1 12000000	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Perryvi	EED 0 101	
I DO MILLER THE THE TELL OF TH	ille, Md DATE FEN 8 '61 arthur	S. Firmes

#### MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEA CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If owiside corporata limits, write RURAL and giva nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) .= -Pages a. IS RESIDENCE aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Z YARF NAME OF 4. DATE Last DECEASED OF DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER JYEAR IF UNDER 24 HRS. carbon 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED VIS. 12. CITIZEN OF WHAT COUNTRY? OVO 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME ding d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) ! (If yes give war or datas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause pe ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave risa to immadiate cause (a), stating the underlying hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? 0 NO To use prior 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, offica bldg., etc.) While Not Whila at work at work oR: 22b. DATE SIGNED ATTENDING MED. STAFF director, page 3 : be filed with the DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF TOHOVAL (Specify) TO 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE w. Broadway fwilliams St. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Coulun S. Kraus

DATE

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BEI Air, Maryland

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Horry Color A CONTRACTOR OF THE CONTRACTOR OF THE STATE The state of the s Cather a grand was made in the contract of the The state of the s Experience of the second secon Land Land the second contraction from the Let the se the -Burners Martifan Rengal Removal Estens El Alexandraphila Learn to the state of the state Smith It sales to

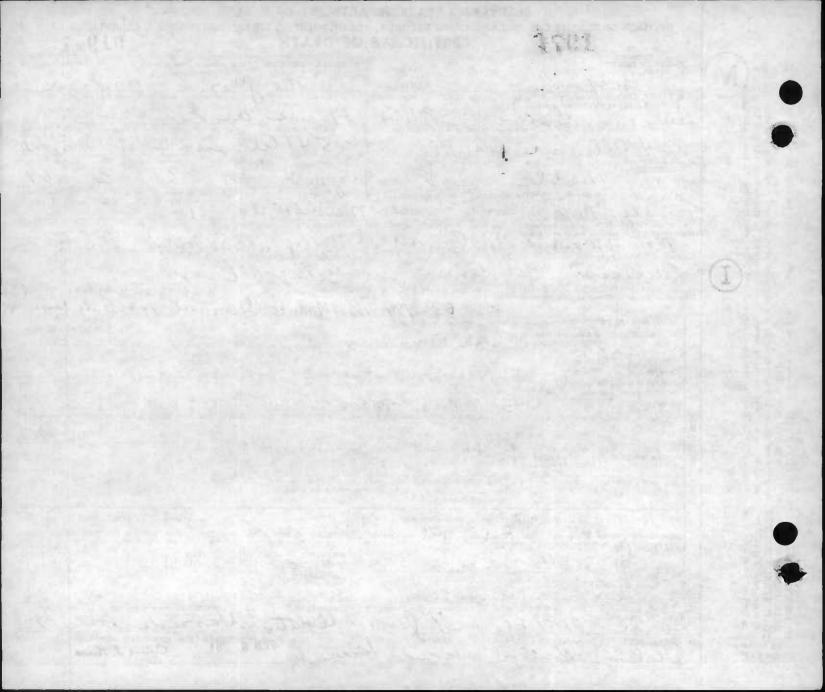
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affend the TOR:

death. Page 3 director, page 3 be filed with the VR A15 (4)

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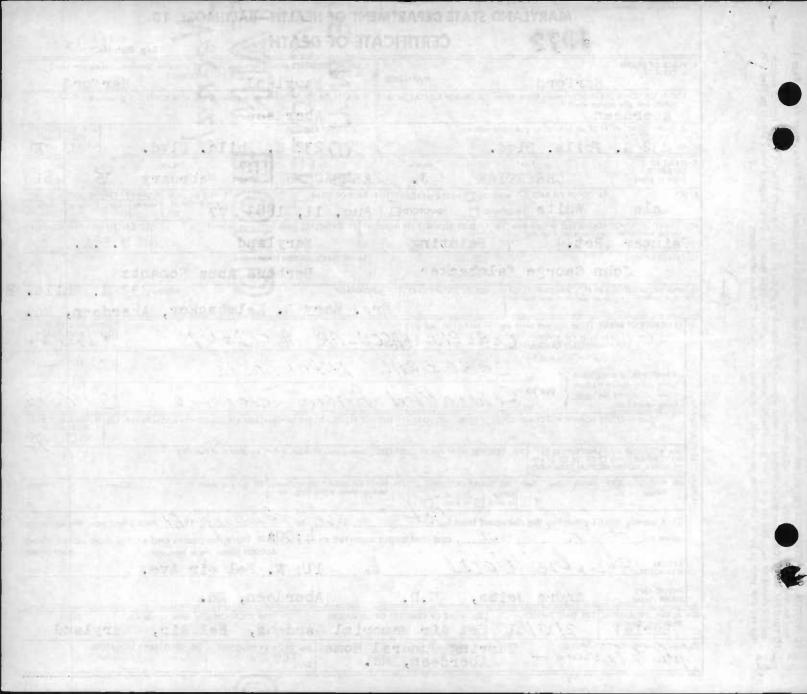
NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1972

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 1948

	o. COUNTY Harford MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Harford
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Aberdeen	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest tawn)  Abordeon
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION 232 S. Phila. Blvd		d. STREET ADDRESS  232 S. Phila. Blvd.  e. IS RESIDENCE ON A FARM? YES NOT
	3. NAME OF DECEASED (Type or print) CHRISTI	AN J.	KALMBACKER 4. DATE Month Day Yeor KALMBACKER DEATH February 15 1961
	26-7 2 287-2 4-1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Aug. 11. 1883  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done of during most of warking life, even if retired)  Painter (Ret.)	b. KIND OF BUSINESS OR INDU Painting	U.S.A.  12. CITIZEN OF WHAT COUNTRY?  Maryland  U.S.A.
	13. FATHER'S NAME  John George Ka	lmbacker	14. MOTHER'S MAIDEN NAME Barbara Anna Schantz
)	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		rs. Mary L. Kalmbacker, Aberdeen, Md.
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITION	EREBRO VASC EREBRAL Eneralised	THROMBOSIS  THROMBOSIS  TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. INJURY OCCURRED 20e. PL	ED. (Enter nature of injury in Part I or Part II of item 18.)  LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	21. I certify that I attended the decerative on Feb 13 19	ased from OCF, and that death	n accurred at 1:00 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 1111 W. Bel Air Ave.
8	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	(3,0,0)
4	7 -1/	rring Tunera Aberdeen, M	T T T T T T T T T T T T T T T T T T T



VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1973

#### **CERTIFICATE OF DEATH**

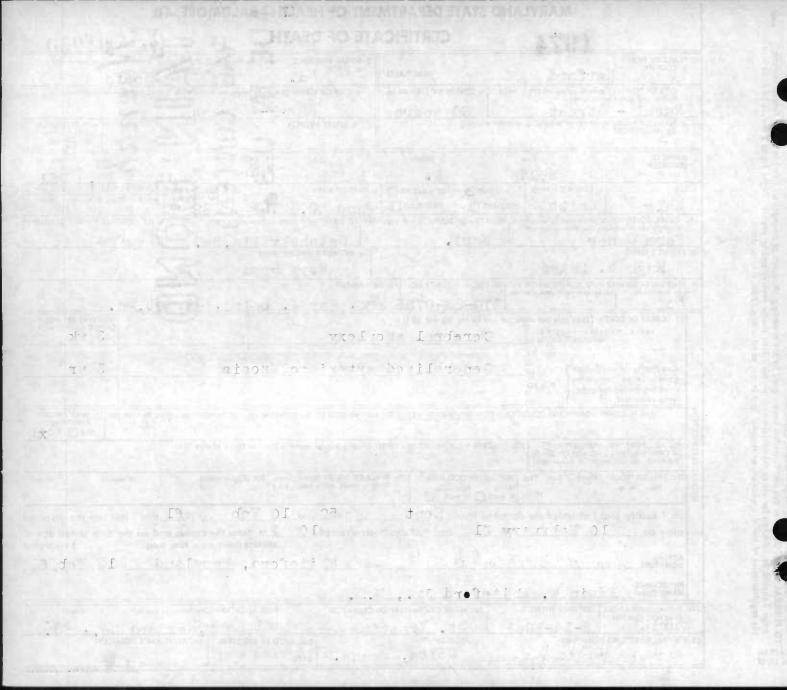
Reg. Dist. No. (11949)

)	1. PLACE OF DEATH O. COUNTY  HOT FOR G.  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Wary (aud) b. COUNTY  Aut for O.
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neares lown)  HAVILOR THE CO.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
1	d. NAME OF HOSPITAL (What in hospital, give street address) OR INSTITUTION Har force Meworial Hospital	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Robert H.	Keut d. DATE Shouth Day Year John John John 1961
	Wale White WIDOWED   DIVORCED	B. DAY OF BIRTH  July 1st. 1886  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even it refired)  Ballisticious (letwes) 100 to APA 200	Meriden Pour. U.S.R.
1	13. FATHER'S NAME Silas William Kent	14. MOTHER'S MAIDEN NAME
1		Mary Chapman NFORMANT Long Island. NATTO: 85 Windham Rd.
	(Yes, no. or unknown) (If yes, give wor or dates of service)	rs. Sidney Grant. Rockville Center
2	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 While of work of work 19 Universe 19 Unive	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PERFORMED?  YES NO  ACE OF INJURY (Home, form, 20f. (City or town)  ACE OF INJURY (Home, 20f. (City or town)  ACE OF INJURY (Home, 20f. (City or town)  ACE OF INJURY (H
	PHYSICIAN'S POTCY P- KB [MAN M.]  229 BURIAL, CREMATION, 22b. DAJE THEREOF 22c. MANE OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	Cremoval (Specify) 2/3/1961 Green 110004	of Prematory Batto Maryland.
	23. FUMERA DIRECTOR'S SIGNATURE! Tann'I nesponent neral your 4. Torring abendue, Weng	HOME 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

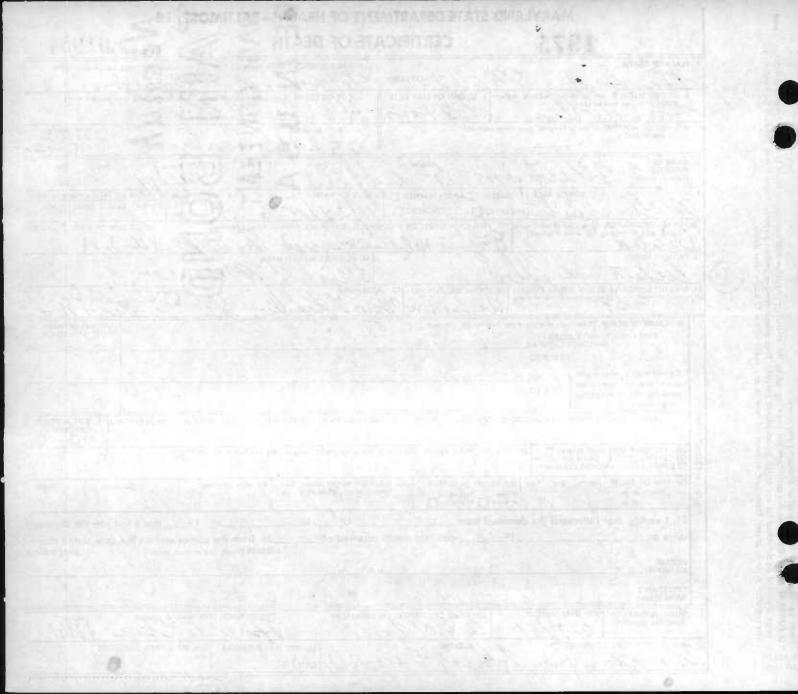
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VS A15 (4) 15M 10/57



1		MARYLAND STATE DEPARTMENT OF HEADTH—BALTIMORE, 18
· ce		1975 CERTIFICATE OF DEATH Reg. Dist. No. 1951
nerar director,	M	1. PLACE OF DEATH O. COUNTY  D. COUNTY  B. COUNTY  B. COUNTY  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
d in the fun	X	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  OR INSTITUTION  C. IS RESIDENCE ON A FARM? YES NO CL  3. NAME OF DECEASED  1. Date OF DECEASED  Mindle  1. Date OF Day Yeor
completely filled papers. Pages 1 acth.		(Type or print)    Color or race   7. Married   Mever Married   B. Bate of Birth   Solor birthdoy   WIDOWED   DIVORCED   1/24/18/6   9. AGE (In yeo's lif UNDER 1 YEAR IF UNDER 24 HRS. Months   Days   Hours   Min.   William   Min.   M
physician and emave carbon paurs after de	Ĩ	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF SUSINESS OR INDUSTRY 11. BIRTHACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANY  17. INFORMANY  18. MOTHER'S MAIDEN NAME  19. MOTHER'S MAIDEN NAME  10. SOCIAL SECURITY NO. 17. INFORMANY  11. INFORMANY  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANY  17. INFORMANY  18. MOTHER'S MAIDEN NAME  19. MO
igned by the attendi permit. Then please in any event within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)
attending physician artificate has been s as the burial-transit on, or remaval, and	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or love) (Seath)
pital or er this ce for use cremati		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
TOR detoc	1	alive on, 19.6, and that death accurred atAM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNATURE ACTUAL SIGNATURE AND AUK
may be retained by FUNERAL DINERAL DIN		PHYSICIAN'S EDWARD J. SIMON HAURE DE GRACE MD.  220 BURIAL (CREMATION). REMOVAL (Specify)  221. NAME OF CEMETERY OR GREMATORY  222. NAME OF CEMETERY OR GREMATORY  224. ORATION (City, Igwn, or gruyy)  (Stote)
VS A15 (4) 15M 10/57	B.	23. FUNERAL DIRECTOR'S SIGNATURE  LEAST LOS LA CONTRESS



G PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A15 (4) 15M 9/55

Poge 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1976. CERTIFICATE OF DEATH

Reg. Dist. No() 1959

1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY After ford
b. CITY OR TOWN (If autside apparate limits, write RURAL and give nearest town)  81 Years	c. CITY OR TOWN/(If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d."STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William Butty	Magness 4. DATE of Month Day Year DEATH Feb. 20 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH OCA 20, 1879 9. AGE (In years lost birthdoy)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tarm	USTRY 11. BIRTHPLACE (Stote or for fign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albirh Magness	amanda Demoss Bel air Med
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Walter Magness Benson Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PREUMOA	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
Canditions, if any, which gove rise to immediate cose (o), stoling the underlying couse lost.  Canditions, if any, which gove rise to immediate cose (o), stoling the underlying couse lost.  Canditions, if any, which gove rise to immediate coses (c).	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  B P H  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	RED. (Enter nature of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of wark	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, affice bldg., etc.)
21. I certify that I attended the deceased from JUNE 2	22, 1957, to FEB 20, 1961, that I last saw the deceased
11 10.0.	th accurred at 10:30 AM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE Philips W. Beuman	M.D. 307 HICKORY AVE FEB226
PHYSICIAN'S PHILIP W. HEUMAN 1	D.D. BEL AIR, MARYLAND
	resteam lopper md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BUSH CIRCLE B	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  CNSON JONE FER 2 7 '61 animy S. Knows

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		arrest.	Self-light of the Personal Assessment of

AND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** Division of STATISTICAL RESE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence e. COUNTY b. COUNTY ARFOR MARYLAND b. CITY OR TOWN (if oulside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) ector. ō HAVRE DE CRACE DO A-d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 0 IS RESIDENCE ON A FARM? ENNA. R.R. STA. retained he State B YES NO 3. NAME OF 4. DATE Month Day DECEASED (Type or print) DEATH 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 5 m d 2 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 3. Pages PM3. Pa pages 1 within FIG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. permit. 9 (Yes, no, or unkown) i (Ifyes give wer or detes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INSTANT pue IMMEDIATE CAUSE (e) Office DUE TO ORONARY LNSUFFICIENCY Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 0 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) shoul 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Year 20f. (Clty or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While 00 et work et work 5 년 0 등: Inspection 🔀 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion should be forwarded FUNERAL DIRECT Homicide Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUT EXAMINER'S Address (Street, city, town, or county) NAME (Type) 22 BURIAL CREMATION, REMOVAL (Specify) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Q40 g 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNPRAL DIRECTOR VS. A15ME arthur & Krown 5M 9/60

Martocol. Sand A all and THE SALE OF EARLIES WITH THE SALE CONTROL OF THE SALE The course for the way to the 17 de 3 lavores estados de 18 - 1 - 1 63 - C3 -----William to the control of the contro there teams as Considered to the soul 18 S 18 18 C. Make THE RESERVE AND THE PARTY OF TH The thing to the second 1255 12 1237 ANT THE SOUTH THE THE

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY MARYLAND and OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by hours after Pages filled IS RESIDENCE ON A FARM? YES NO TO completely papers. NAME OF 4. DATE Month 72 DECEASED DEATH (Typa or print) 19 carbon 3 AGE (In years | IF UNDER I YEAR 5. SEX IF UNDER 24 HRS. physician and Months WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) NOIN 14. MOTHER'S WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. +17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) McMullen, Perryville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETY EEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to Immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY certificate PERFORMED? NO . prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) for (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20e. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. DIRECTOR: ...., and that death occured and M, from the causes and on the date stated above. saw the deceased alive 22b. DATE ATTENDING. MED. SIGNED DIRECTOR AHYS. death. Page 74 page Port Deposit .Md. PHYSICIAN'S 2d. ADDRESS NAME (Type) Palme Bel Air .Md. director, I 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) rincipio Furnace .Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Perryville, Md. DATE FEB 27'61 arthur & Kraus 15M 9/60

# FOR STATE HEALTH DEP

TO DEPUT. MED.

EXAMINER: This certificate should be executed within 24 hours after death. If any is no please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained formed files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours affect death.

VS. A15ME 5M 7/59

MARY	LAND STATE DI	EPARTMENT OF	HEALTH	
Division of STATISTICAL RESEARCH	CH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE	1, MARYLAND
1979MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	01055
ROP OF DERMU		O PROTEST BECTBEROW	NAME AND ADDRESS OF THE PARTY O	

T I					
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If	
4		Hayer	MARYLAND	Ma s. cool	Harry
		b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, writ	e RURAL end give neerest town)
		Elsevoor	5	reservoor	
6		d. NAME OF HOSPITAL OR INSTITUTION (IF IN	ot in hospitel, give street address)	d SEXEET ADDRESS	ON A FARM?
A.		Wiloughon Ble	hoad	W. Loughly Beach	YES NO NO
		NAME OF PIEST	Midgle	Lest 4. DATE Mont	h Dey Yeer
-		(Type or print) ADDE)-	Mer	CET DEATH China	m 8 1961
	5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In yeers last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
		N( W V	WIDOWED DIVORCED 1	Dec 28 879 87 yrs.	Months Days Hours Min.
		. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Miner	Coal	Vac.	U.S.A.,
	13.	FATHER'S NAME .	0002	14. MOTHER'S MAIDEN NAME	0.0.4.,
	91	Unkmown		Unknown	
		WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT Addres	s
		s, no, or unkown) (Ifyesgive wer or detes of servi		ford Co., Welfare Board, B	el Air Ma
		18. CAUSE OF DEATH [Enter only one ce		Cold Co.; Wellare Board, B	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	tate oselle	tic Colores	ONSET AND DEATH
		DUE TO	174000		
	1				
		geve rise to immediate cause			
		(e), stefing the underlying DUE TO			
	7	PART II OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(a): 19 WAS ALITORSY
	101	TAKI II. OTTEK SIGNITICANI GONDING	<u> </u>	THE THE TERMINAL DISEASE CONDITION OF	PERFORMED?
1	5	20e. EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INTIDY OCCUPED IS	nter neture of injury in Pert I or Pert II of item 18.)	YES NO
4	CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJUNT OCCURED. (E	nier neture of injury in real 1 or real if of nem 10.)	
	₹ V	20c. TIME OF INJURY Month, Day, Year	4 :	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	MEDICAL	Hour e.m. 19	While Not While tech	ory, street, office bldg., etc.)	
		21. I certify that I took charge of t	the remains described above, he	ld an Autopsy , Inspection X Inqui	ry , and in my opinion
		death resulted from: Natural cause	es 📜. Accident 🗍, Suici	de , Homicide , Undetermined n	nanner 🗍 /
1		n. n.		CHIEF MEDICAL EXAMINER TO BOLA	in and
4		ACTUAL LOYNLY (	· Palmer	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		SIGNATURE OF CO.	. 8 17 /	DEPUTY MEDICAL EXAMINER	0.81.
		NAME (Type) CC 7	de lo one	Address (Street, city, town, or county)	2 7 41
	220	REMOVAL (Specify)	11/01-0, 1 200	22d. LOCATION (City, lowr	n, or country) (Stete)
	-	13,50	1 , of mil. MI	ed. Jehove Jallins	re viva.
1	23.	FUNERAL DIRECTOR	ADDRESS	24e. REC'D BY REGISTRAR   24b. REC	
	1	HWard Mile Vines	Abingdon,	Ma.,   DATE MAR 6 '61   C	without S. Kraus
	-	//			

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### MADVIAND STATE DEPARTMENT OF HEALTH

MM	KILANU	SIMIE	DEL	HKIME		Ur	ПEA	LIT	
IVISION OF	STATISTICAL	RESEARCH	AND	RECORDS	- 1	BALTIM	ORE 1	, MARYLA	ND
	CEL	TIELC	ATE	OFD	FA	TIL			

1	180	CERTIFIC	ATE OF D	EATH		0	1956
1. PLACE OF DEATH o. COUNTY Harford		MARYLAN	_ O. STATE	DENCE (Where decease	sed lived. If institut b. COUNTY		- /
b. CITY OR TOWN (If outside corporate RURAL and give neorest town)  Abordeen	rate limits, write	5 months		TOWN (If outside corp	porote limits, write	RURAL ond give ne	arest tawn)
d. NAME OF HOSPITAL (If not in h OR INSTITUTION Hospital, Aberdee	_		d. STREET A	DDRESS 70 Uni			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HARRY	Middle JAMES	Las		Mo		2 19 6]
s. sex Male  6. color o Whit	WIDOWED		Februar	у 9, 1886	9. AGE (In years last birthdoy)	Manths Days	R IF UNDER 24 HRS Hours Min.
	of wark done 10b. KI if retired) US	Army Retire	d Can	ada	country)	USA	F WHAT COUNTRY
13. FATHER'S NAME Henry James Mills	(21	12-26-2984)	Elizbe	th Margare			
15. WAS DECEASED EVER 100 DAY (Yes, no, or unknown) Yes 30 Apr	1939 35	12-26-2984	rinformant Grace May	Mills (Wif		me as ite	em 2
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAU IMMEDIATE (	SED BY:	for (o), (b), and (c).]	6			100 N	Sep 60
Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	(b) DUE TO (c)						NAS AUTOROX
PART II. OTHER SIGNIFICA  20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING I CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA		IBE HOW INJURY OCCU				IVEN IN PART 1(0)	PERFORMED? YES NO
	MINER) Doy, Year 20d. INJ While		PLACE OF INJURY ( foctory, street, office	Home, farm, 20f. (C	ity or tawn)	(County	) (State)
21. I certify that (*) (this h	aspital) attende	d the deceased fra					
mark 1	Esen,	stein	M.D. ATTENDIN	DIRECTOR [		2	Feb 61
22c. PHYSICIAN'S NAME (Type) MARK E	ISENSTEIN	Capt MC	22d. ADDR		Hospital ing Groun		and
23a. BURIAL, CREMATION, REMOVAL (Specify)	1,1961	23c. NAME OF CEMETER Post Cemet			Chemical	Center	(State) Md.,
24 FUNERAL DIRECTOR'S SIGNATURE	10 domos	Abingd	ion Md.,	DATE FEB 8	104	Conthur S. H	

TO HOSPITAL PIRECTOR: After this certificate has been signed by the death certificate be executed within 24 hours after demand by cospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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INSTRUCTIONS

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HOSPITAL

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physician death

The law requires that the sted by the attending ph should be detached for u

FUNERAL DIRECTOR: The certificate has been executed death certificate assembly should

th certificate a

death

DATE MAR 3

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

01958

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Harford COUNTY STATE Maryland MARYLAND COUNTY Harford CITY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporete limits, write RURAL end give nearest town) OR and give nearest fown) (in this place) OR TOWN Federal TOWN vears Rocks HOSPITAL OR STREET (If rural giva location) INSTITUTION OR **ADDRESS** STREET ADDRESS Federal Hill (First) (Middle) 3. NAME OF 4. DATE (Month) (Last) (Dey) (Year) DECEASED (Type or Print) DEATH Faidlev Phillips Dora COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR If UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Hours (specifydowed Female Dec. 1865 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Housewife Gallatin. Home Tenn USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles F. Faidley Susanna Fothergi] 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give wer or dates of service) (Yes, no, or unk.) No 213-38-9085 Mrs. Rocks. Robert Foard INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING years TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES T NO I 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, farm, fectory, (County) (State) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from 11/25/....., 19.57...., to 2/27/......, 19.61., that I last saw the deceased SIGNATURE ADDRESS (Street, city, lown, stefe) Forest Hill her [week BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Burial Jarrettsville Jarrettsville, 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STAYED FOR START OF STALTH-CALTISORS, 16

## CERTIFICATE OF DEATH

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TO HOSPITAL ATTO ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer demons be readed by a spital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

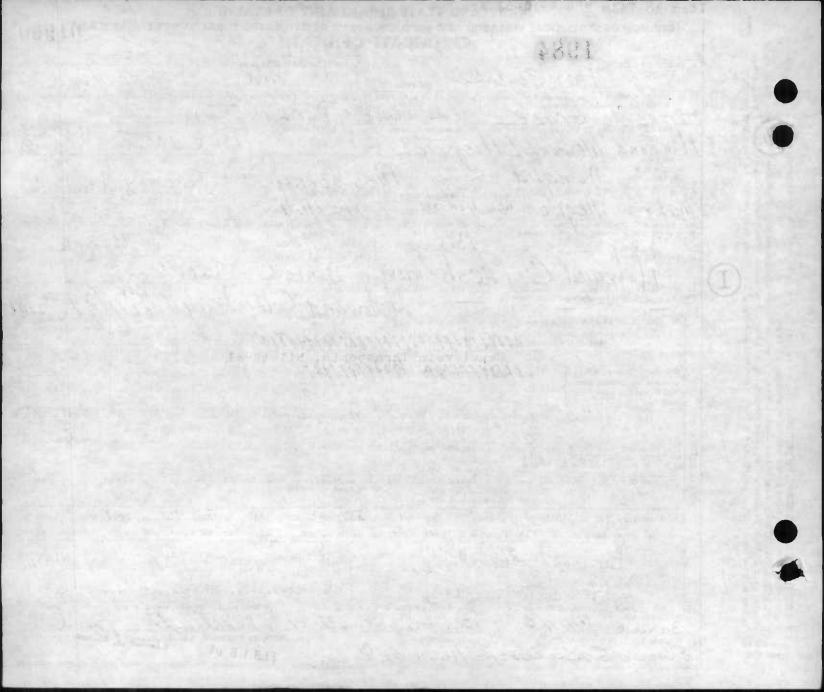
VR A1S (4) 1SM 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH				2. USUAL RESID	ENCE (Whe	re decease	d lived. If institution	on: Residence	before adm	nission)
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	If outside corporate limits, write	e c. LENGTH OF STAY	IN 1b				orote limits, write R	URAL ond give	nearest to	wn)
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	TAL (If not in hospital, give stre	eet oddress)		d. STREET A	DDRESS				e. IS R	RESIDENCE A FARM?
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(Type or print)	GEORGE	Barclay		PHILLIPS	5	OF DEATH	Februe	rv	11	1961
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Male	White WIDO	OWED TO DIVORCE	D 0	Jan. 3	. 188	34	77 6 yrs.	Months Do	ys Hou	rs Min.
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F. Harv	ev Phillips			Cathe	rine	Heth	neringto	າກ		
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	). 17. IN	FORMANT	LIIIC	110 01	Add			
(Yes, no. or unknown)	(If yes, give war or dates of service)		Mi	ss. Ka	thlee	n Ph	nillips	Fore	et F	1177
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	TH WAS CAUSED BY:	REBRAL THRO		·e				- W 3	ONSET AN	ID DEATH
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lying couse lost.	rne under-									
	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	JAL DISEAS	E CONDITION GIV	EN IN PART I	(a) 19. WA	S AUTOPSY
DIA									PER	FORMED?
PART II. OTH	AS LINDERLYING TO 20h C	DESCRIBE HOW INJURY O	CCLIPPED	/Enter noture of	injury in P	ort 1 or Por	t II of item 18.)		1 165 [	_ 140
OR CONTRIBUTING	MEDICAL EXAMINER)	PESCHIOL HOW HAJORI C	CCORNED	. Temer norte of	injery in the	5., , 6, , 6,				
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saw the deceas	sed alive on Feb.	19 <u>61</u> , and	that de	eath occurred	at 2:3	M, fram	the causes an	d on the c	late state	ed abave
220 SIGNATURE	1 . 1 0	4.0		ATTENDING	5 ME	D	STAFF			226. DATE
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NAME (Type)				22d. ADDRE	55					
		dson, M.D.			orast	The second second	Marylar			
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEM				14	TION (City, town,		,	tote)
Burial (Specify)			ck B	aptist		- 041	rrettsv		Mo	i.
24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		n	25a. REC'D	BY REGIS		STRAR'S SIGN		
harles 6	. Turk fa	rellswille	, /	nd.	DATE FE	8 7 1	61 a	Thun S. F	traile	

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#### PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE EXAM HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) our files. a. COUNTY Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. for your write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, prive street address) Boar IS RESIDENCE ON A FARM? end 3 to the funeral be retained State YES NO NAME OF Year DECEASED Rogers OF the (Type or print) DEATH 19 with 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF LINDER 24 HRS B. DATE OF BIRTH NEVER MARRIED 2 with 7. MARRIED should be executed within 24 hours after der g" in pencil in Item 18. Give Pages 1, 2, end 3's Office along with form PM3. Page 5 may a burial-transit permit. File pages I and 2 wiremoval, and in any event within 72 hours ast birthday) Months Days Hours WIDOWED [ DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if retired) Store Owner (Ret. Merchandise Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wallace Rogers This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Baltimore St (Yes, no, or unkown) | (Ifyasgive war or dates of service) Aberdeen Charles Rogers Md. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immediate cause DUE TO icate, writing the word "pending to the Chief Medical Examiner" OR: Page 3 should be used as (a), stating the underlying 6 cause last. burial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO DE 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) sase execute the Chiral should be forwarded to the Chiral should be forwarded to the Chiral should be forwarded to the Chiral should be factory, street, office bldg., atc.) Not While 2 et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Accident Suicide X Homicide Undetermined manner death resulted from: Natural causes designated DATE SIGNED EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Smith Chapel Cemetery R.D. 2. OI 6 Aberdeen 240 23 FUNERAL DIRECTOR Tarring Wifferal Home 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Aberdeen, Md. anthon & Knows 5M 7/59 DATE Tarring John G.

MARYLAND STATE DEPARTMENT OF HEALTH

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director, Page 4

TO HOSPITAL

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS		07	X-	1		FARM?
		ospital			U			-				
3	. NAME OF DECEASED (Type or print)	ELSI	7	Middle FAYE	S	HIRES	4. DATE OF DEATH	Februa		15	,	Year 1961
S	. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)			-	ER 24 HRS.
	Female	White	WIDOW	ED DIVORCED	F	ebruary 14,	1961	yrs.	Months	Days	H242	Min.
1	during mast af warkj	N (Give kind of wark on ang life, even if retired)	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote		country)		SA	WHATC	OUNTRY?
1	3. FATHER'S NAME	n.		74/12	11	4. MOTHER'S MAIDEN				DATE	-	
1.		TTTAN TIANS	arro	20				TOT TOY				
١,	W J. S. WAS DECEASED EVER	LLIAM FAY			, INISO	RUTH ELSI	T DLAN	Add Add	rarr			
	Yes, no, or unknown) (I	If yes, give war or dates of so	ervice)	1.			12001			17-	7 7	
-	N/A	N/A			rs.	Ruth Shire	s (Mot	ner) Col	ora,			
1			use per li	ne for (o), (b), and (c).]				- 1		ONS	ERVAL BE	DEATH
Т	PARI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (a		Prematur						22	hou	irs
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1	Conditions, if an											
	gove rise to in cause (o), stating t											
	lying couse last.	) (c										
10121	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	VEN IN PAI	RT 1(a) 1	PERFO	AUTOPSY DRMED?
	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (	Enter noture af injury in	Port I ar Por	rt II af item 1B.)	13			
10000	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Doy, Yea	20d, I While at war	Not while		OF INJURY (Hame, far y, street, affice bldg., et		y ar tawn)	(	(County)		(State)
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	saw the decease	7	-			th accurred at 2:		the causes or		,		
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	22c. PHYSICIAN'S							RMY HOSP			-/ /	., -, -
	NAME (Type) MARK ETSE	NOTETN Ca	ptai	n. MC		_		Ground.		land		
2	30. BURIAL CREMATION		-	23c. NAME OF CEMETER	Y OR C			TION (City, tawn,		750070	(Stat	te)
	REMOVAL (Specify)	2/18/	60	west Not	1/12	aham	Co	lora	,,		M	1
2	FUNERAL DIRECTOR'S	SIGNATURE	AM .	ADDRESS		25a. REC	C'D BY REGIS	TRAR 25b. REGI	STRAR'S SI	IGNATU	RE	
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**CERTIFICATE OF DEATH** 

Reg. Dist. No. (11963

b. COUNTY Harford  b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest form), Aberdeen (Rural)  b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest form), Aberdeen (Rural)  d. NAME OR GENOSTIAL (If not in hospital, give street address)  d. NAME OR STREET ADDRESS  D. #2  3. NAME OF DEATH FOR THE WILLIAM OF STAY IN 1b  JAMES  M. SIMMONS  DEATH FOR UNITY  Month Doy Year OF DEATH FOR UNITY  DEATH FOR UNITY  Month Doy Year OF DEATH FOR UNITY  Month Doy Year OF DEATH FOR UNITY  Month Doy Hours Min Min Month Month Doy Hours Min Month Doy Hours Min Month Doy Hours Min Month Doy Hours Month Doy Hours Min Month Doy Hours Min Month Doy Hours Month Doy Hours Month Doy Hours Min Month Doy Hours Min Month Doy Hours Min Month Doy Hours Min Month Doy Hours Month Doy Hours Min Month Min Month Min Month Min Month Min Month Month Month Month Month Min Month Min Month Min Month Min Month Min Month Min Month
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OR INSTITUTION RaDa #2  R.D. #2  SIMMONS  R.D. #2  SIMMONS  SIMONINS  SIMONINS  SIMMONS  SIMMONS  SIMONINS  SIMMONS  SIMMONS  SA
R.D. #2  R.D. #4  R.D
3. NAME OF DECEASED FIRST Middle Lost SIMMONS OF ATH FOR UNDER YEAR IF UNDER 24 H SIMMONS OF ATH FOR UNDER YEAR IF UNDER 24 H MARRIED NOVE AND DIVORCED FOD. 29, 1880 SIMMONS OF ATH FOR UNDER 15 H MONTHS DOYS MONTHS DIVORCED FOD. 29, 1880 SIMMONS OF ATH FOR UNDER 15 H MONTHS DOYS MO
DECEASED (Type or print)   JAMES   M.   SIMMONS   DEATH February   11   19 0:
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   S. DATE OF
Male White widower Divorced   Feb. 29, 1880   Roth Internal Days   Months   Days
100. USUAL OCCUPATION (Give kind of work dane during life, even if relired)  Mechanic (Ret.) Ord. Dept. U.S. Govt. North Cabolina U.S.A.  13. FATHER'S NAME  Henry Simmons  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  IVEL. 10. OF UNDANAME  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stoling the under lying cause last.  DUE TO  Conditions of ony, which gave rise to immediate couse (c). John the part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART II. OTHER SIGNIFICANT CONDITION
Mechanic (Ret.) Ord. Dopt. U.S. Govt. North Cabolina U.S.A.  13. FATHER'S NAME  Henry Simmons  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  16. SOCIAL SECURITY NO. 17. INFORMANT  T. COrdie Simmons, Address R.D. #1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate couse (a), storing the underlying to DUE TO  UND TO SUMMODIATE CAUSE (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPE PERFORMED?  YES DOC CONTRIBUTING CAUSE OF DEATH (c) THE PART II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPE PERFORMED?  YES NO [  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPE PERFORMED?  YES NO [  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPE PERFORMED?  YES NO [  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPE PERFORMED?  YES NO [  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPE PERFORMED?  YES NO [  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPE PERFORMED?  YES NO [  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPE PERFORMED?  YES NO [  OR CONTRIBUTING CAUSE OF DEATH (C) CONTRIBUTION COURTED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
13. FATHER'S NAME  Henry Simmons  14. MOTHER'S MAIDEN NAME  Sarah Hanks  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT  NO  T. COrdie Simmons, Address R.D. #1  T. Cordie Simmons, Md.  IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Conditions, if ony, which gave rise to immediate cause (a), stoting the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  POR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
Henry Simmons  Sarah Hanks  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address R.D. #1  NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address R.D. #1  T. COrdie Simmons, Aberdeen, Md.  18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS (CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS (PERFORMED)  20a. ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS (PERFORMED)  20a. ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS (PERFORMED)  YES NO [  10
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(Yes. no. or unknown)   (If yes. give war or dotes of service)   T. Cordie Simmons, Aberdeen, Md.    18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Congestive E   Heart failure and   ONSET AND DEATH ONS
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stoting the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES NO [  200. ACCIDENT WAS UNDERLYING [  ON CONTRIBUTING [  ON
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1ying cause last.   (c)   Little Little Countries
20c. TIME OF INITIALY Month Day Year 20d INITIALY OCCURRED 20g PLACE OF INITIALY MARKET AND ACTION OF THE PROPERTY OF THE PROP
Gloc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, ; 20f. (City or town) (County) (Sto
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 Of work of work of work of work of work 19 of wor
The second secon
alive on 11.8, 1961, and that death accurred at 9:50 TM. fram the causes and on the date stated about
ADDRESS (Street, city or town, state)  DATE SIG
SIGNATURE Tually rullyn M.D. Darlington, Md.
PHYSICIAN'S Dudley Phillips, M.D.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 2/14/6/ Mt. Zion Cemetery R.D. Bel Air. Maryland
123 FUNERAL DIRECTOR'S SIGNATURE / Tarring Apriliseral Home 240. REC'D BY REGISTRAR'S SIGNATURE Aberdeen. Md.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CED	TIEL	ATE	OF	DE	471
LEK	TIFIC	AIR	: UF	DE	4

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	1988	CERTIFICA	ATE OF DEATH	1	Reg. Di	ist. No. 01964
1. PLACE OF DEATH o. COUNTY	RFORD	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARY		If institution: Resider	
b. CITY OR TOWN (If ou RURAL and give neare RURAL	st tawn)	c. LENGTH OF STAY IN 16	10			4.4.4.4
OR INSTITUTION		And the second second second	d. STREET ADDRESS	R'S MI	LL ROAD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN	Middle LESTER	SMITH	4. DATE OF DEATH	Month =EBRUARY	Doy Year 8 19.6/
S. SEX 6.	1 1 . 1		B. DATE OF BIRTH AUGUST 24,	1091 lost	birthday) Manths	Days Hours Min.
FARMER	life, even if refired)	KIND OF BUSINESS OR INDU	NORTH	CAROLIN		USA,
13. FATHER'S NAME			ELLE		HNSON	
D. CTIV OR TOWN (If outside corporate limits, write RURAL ORD)  D. CTIV OR TOWN (If outside corporate limits, write RURAL ORD)  D. CTIV OR TOWN (If outside corporate limits, write RURAL ORD)  RURAL — FOREST HILL  J. RAME OF CHOSPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. NAME OF CHASPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. NAME OF CHASPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. NAME OF CHASPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. NAME OF CHASPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. NAME OF CHASPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. NAME OF CHASPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. NAME OF CHASPITAL (II not in hospital) give street address)  OR INSTITUTION  WALTER'S MILL ROAD  J. SAME OF COLOR RACE  NORTH FEBRUARY  OUT OF STATE MONTH FOR THE MILL ROAD  J. SAME OF COLOR ROAD  J. SAME OF COLOR ROAD  WIDOWALD DIVORCED DIVORCED AUGUST 24, 1891  J. SATHER'S NAME  J.		III, MQ.				
Canditions, if any, gave rise to immocouse (a), stating the	WAS CAUSED BY: MEDIATE CAUSE (a)  DUE TO  which ediate  DUE TO	ongestive he			esse.	interval between ONSET AND DEATH 3 months
PART II. OTHER BRONCH  OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	INDERLYING   20b. DES	Recurrent				17 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	While	Not while fo	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City or tow	n) (	County) (State)
ACTUAL SIGNATURE PHYSICIAN'S DALL	l S. Stone	if fr.	M.D. 115 Fu	M, from the ADDRESS (Street, cit	causes and an t	
22a. BURIAL, CREMATION, REMOVAL (Specify)						
		ADDRESS	24g. REC'I	BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE

moy be retoin by the pital or ottending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

PHYSICIAN: The law requires that the death certificate be executed within 24 hou

TO HOSPITAL VS A1S (4) 1SM 10/S7

CERTIFICATE OF DEATH Julia de de la compania del compania de la compania del compania de la compania della compania de la compania della compania d ,..,10 110

1.811 CONTROL HOUSE Tupas T. Jugar to the hairs don't be to preferenced the Compared of wine file diston 12 hours The design of the second second Markey Commence of American Commence of the Co But I stroped the new on The Bet the her her face the filering - the King mayles ... The same

No. of the last	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	( ) N ( ) ( )
hould be	Reg. Dist	. NO 1366
should should	1. PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence on STATE of the COUNTY of the Count	e before admission)  Local
Po Po burial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and g and give nearest lown)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest fown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not, in hospital, give street address)  A. STREET ADDRESS  R. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
unerol di your fill egistrar p	OF OF	VES NO TO
fun y reg		19 6 EAR IF UNDER 24 HRS.
death. If a so the retained for 2 with the	WIDOWED DIVORCED TAN. 25, 1961 leal birthday) yrs. Mpnths De	
	100. USUAL OCCUPATION (Give kind of work done of the local line) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZE during most of working life, even if retired)	N OF WHAT COUNTRY?
and year	13. FATHER'S NAME	
် ရ က ရွာ	CURTIS TEAGUE KATHRYN MAINE	
N 0 0 0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CURTIS TEAGUE, STREET	- M-
within Give	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), ]	INTERVAL BETWEEN
a P. W.	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prevaling	ONSET AND DEATH
e executed in Item 18 with form	776 X DUE TO /	
	Conditions, of ony, which by gave rise to immediate couse OUE TO	
2 - 6 -	(c), stoting the underlying occurse lost.	
a : ii s	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NOW
be ne pe	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
VER: This col Exom 3 should	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m. While Not while foctory, street, office bldg., etc.)	y) (State)
AMINER Medicol		O and find that
	21. I certify that I took charge of the remains described above, held an Autapsy   , Inspection   XI, Inquiry   death resulted from: Natural causes   XI, Accident   , Suicide   , Hamicide   , Undetermined cause	, and find that
AFDICAL FOR THE CHAPTER OF THE CHAPT	ACTUAL Gonder C. Palmen / Baptin.	DATE SIGNED
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER ( )  EXAMINER'S G & Yold C Polm & 1 - M.D. DEPUTY MEDICAL EXAMINER ( )  DEPUTY MEDICAL EXAMINER ( )  2	-6-61
oute the contract forwarded of FUNERAL or removal.	220 BURNAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City, town, or county)	(State)
5 . 5 .	DURING I B-1761 EMORY STREET, I	12)
VS. A15ME(5) 5M 9/55	23. FONERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE  PER 8 '61 Carbar &	1.4
	2471215 XV+	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		THE RESIDENCE OF THE PROPERTY OF
		La post tradition of the

# FOR STATE HEALTH DEPT TO DEPUT. MED. EXAMINER: This certificate should be executed within 24 hours after death. If any continued as execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 7/S9

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1931 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	
•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmiss	ion)
1	a. COUNTY Harbard MARYLAND	a. STATE b. COUNTY for	
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA) and give neerest town)	-
4	write RURAL end give neerest towin	Received the composition of the contraction of the	
1	Belt w 70 Jun	Bull of	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDEN  ON A FAR	
	122 Aliceanne St	224 liceanne 1 HES NO	2
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer	1=
	(Type or print) FOR, Wright Thom	ar DEATH Tehon 15-196	/
1	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 H	RS.
1		last birthdey) Months Days Hours Min	
1	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	yrs.	
	done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	IKTI
	o Tomestin	md/ 195	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7	ansum	Muhumen Wright	
4		NFORMANTWest Ilmus Address	-
	(Yes, no or mkown) (If yes give war or dates of service)	B-00: 120 3 B-1300 A	
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN	-
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	
	IMMEDIATE CAUSE (0)		
	DUE TO		
	Conditions, if any, which (b)		
	geve rise to immediate cause (a), stating the underlying  DUE TO		
	cause lest. (c)		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP	
	OLD THE STATE OF T	PERFORMED YES NO I	?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIB	inter neture of injury In Pert I or Part II of item 18.)	
4	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
		CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)	
		CE OF INJURY (Home, farm, 20f, (City or town) (County) (State) ory, street, office bldg., etc.)	
	p.m. 19 at work at work		
	21. I certify that I took charge of the remains described above, he	ld an Autopsy, Inspection, Inquiry, and in my opinio	n
	death resulted from: Natural causes Accident , Suic	ide , Homicide , Undetermined manner	
	1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER   BOLA -	
	ACTUAL DONAL ( COLORS	ASSISTANT MEDICAL EXAMINER DATE SIGNED	
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER TO	, .
-	EXAMINER'S FETTION C 13 (ne)-	Address (Street, city, town, or county)	1
	228. BURIAL, CREMATION, 226. DATE THEREOF, 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country) (Stete)	
	Burnel Felas 17/6/ Heredon's 24	11 Belan Starton Mol	
1	ADDRESS ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	
	talk Total 1308 ( ms)	DATE FEB 1 7 '61 Gretur S. Krous	
X		I PAIC	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.		1	3	1	0	13	0
Reg.	Dist.	No	j.	1	0	U	0

	J. PLACE OF DEATH	336		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
	o. COUNTY	Harford	MARYLAND	o. STATE Morry Tand b. COUNTY Trong Cond				
	b. CITY OR TOWN III	outside corporate limits, write EURAL	c. LENGTH OF STAY IN 15	Maryland E				
	and give nearest town)							
		Grace (Rural	1	1				
		ok institution (it not in nos	piral, give street odaress)		ON A FARM?			
	R.D	Allusis Her	ue_	the state of the s	YES XX NO			
	3. NAME OF DECEASED	First	Middle	OF	Doy Year			
	(Type or print)	JAMES	н.	THOMPSON DEATH February	22 19 61			
III.	5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8					
1	Male	White WIDOWE	DIVORCED TO	Oct. 27, 1881 79 yrs. Months	Days Hours Min.			
	106. USUAL OCCUPATIO	N (Give kind of work done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CIT	Harford  RAL ond give nearest town)  (Rural)  ON A FARM?  YES XX NO   Doy Year  22 19 61  UNDER TYEAR IF UNDER 24 MRS.  JONATH OF WHAT COUNTRY?  USG.  (R.D.  Grace, Md.  INTERVAL BETWEEN ONSET AND DEATH  (County) (State)  Inquiry , and in my ined manner   Inquiry , and in my ined manner   USG.  (County) (State)  AR'S SIGNATURE			
•	Look of working	Etired B	40. R.R	Maryland	Herford  and give nearest town)  LURAL)  B. IS RESIDENCE ON A FARM? YES TO CON A FARM? YE			
	13. FATHER'S NAME	10	1					
	111.	11. ain 41 Th	aubson	lancia Culling				
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IF	HEORMANT Address D	D			
	(Yes, no, or unknown)	(If yes, give war or dates of service)	11/11/100	10				
	200	<i>\( \begin{align*}                                     </i>		tem Thompson, Havre de Gra				
		H [Enter only one couse per line	for (a), (b); and (c).					
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)	levisel	erosir	_			
Н	750	DUE TO						
	Conditions, if on							
	gove rise to immed (o), stating the u							
	couse lost.	(c)						
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3	20c. TIME OF INJUR	While of we	Not while _ facts	ory, street, office bldg., etc.)	(			
					ry [], and in my			
	apinian death	resulted from: Natural	causes X, Accident [	, Suicide, Homicide, Undetermined	manner			
	97.	and Phala		R. na.	W DATE SIGNED			
-	ACTUAL	cora ( Vice.			O, DAIL SIGNED			
	FV. LONERIC			ASSISTANT MEDICAL EXAMINER	1-72-1.			
	EXAMINER'S NAME (Type)	Gerald C. P	almer, M.D.	DEPUTY MEDICAL EXAMINER	61			
	229 BURIAL, CREMATIO	N, 22b. DATE THEREOF	225 NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(Slote) 1			
	PREMOVAL (Specify)	2/24/61	Greenwoort	Previolery Botto. War	4/aus			
	23. FLINERAL BIRECTOR"	SEIGNATURE	ADDRESS		GNATURE			
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VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1993 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before padmission) . GOUNTY b. COUNTY APTLAND 6. CITY OR TOWN (If outside corporate limits, write . LENGTH OF STAY IN 16 c. CID OR TOWN (If outside corporate limits, write RURAL and give nearest lown) BUTAL and give nearest Town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NOT 3. NAME OF 4. DATE Year filled DECEASED (Type or print) DEATH 19 5. SEX 7. MARRIED A HEVER MARRIED 8. DATE OF BIRTH 6. COLOR, OR RACE 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED [ WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED ORCES? 16 SECIAL SECURITY NO 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which UMDU gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while While of work of wark n m 21. I certify that lattended the deceased from 1961 that I last saw the deceased and that death occurred at 5:30 P.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) m 220 BURIAL CREMATION, 226. DATE THEREOS 22c. NAME OF CEMETERY OF CREMATORS 22d. LOCKTION (City, tayin, or coup) page REMOVAL (Specify) 23 NUNERAL DIRECTOR'S SIGNATUR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & France

DATE

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**DIVISION OF STATISTICAL RESEARCH AND RECO** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY MARYLAND b. CITY OR TOWN (if out it a corporate limits, write RURAL end give neerest/lown) c. CITY OR TOWN (If outside corporete limits, write RERAL end give marest town & LENGTH OF STAY IN 16 in by Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in e. IS RESIDENCE d. STREET ADDRESS hospitel, give street eddress) ON A FARM? YES NO completely papers. NAME OF 4. DATE First Middle Dey 3 DECEASED OF (Type or print) DEATH C physician and con e remove carbon withi 5. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Days Hours 16. USUAL OCCUPATION Giva kind of work 12. CILIZEN OF WHAT COUNTRY? dona during mest of working life, even (Fretired) 13. FATHER'S NAME please attending U.S. ARMED FORCES? ng or unkown) | (Ifyes give wer or detes of service) the 18. CAUSE OF DEATH [Enter only one ceuse per line for INTERVAL BETWEEN þ ONSET AND DEATH physici igned b PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ardiac tailure burial-transit DUE TO Conditions, if any, which been (b) geve rise to immediate cause DUE TO (e), steting the underlying has the PART II. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate PERFORMED? Se with Poss. Pulmonery Vleoplasm NO use 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH for After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. DIRECTOR: 9/16 1960 to 2/ 21. I certify that (1) (this hospital) attended the deceased from.... saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING TO HOSPIT

death, Page

TO FUNERAL L

director, page

be file. 4 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 569 Revolution St. Haure de Grace, Md. NAME (Type 23a. BURIAL, CREMATION | 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spearly) 24 FUMERAL DIRECTOR' SIGNATURE 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Orthung & Kings

ARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

registrax within 72 hours after death. After this by the tuneral director, the third copy of this

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1995 CERTIFICATE OF DEATH

Reg. Dist. No. 1971

-	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	,
В	COUNTY STONE FOR MARYLAND	STATE MAD COUNTY AT a	rond
	CITY (If outside corporate limits) write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neare	st town)
113	TOWN But Que Rural (in this place)	Y TOWN Bel-air Ray	201
	HOSPITAL OR 184	STREET (If rure) give location)	
-	COUNTY  CITY (If outlide corporate light), write RURAL  OR end give negate light), write RURAL  OR end give negate light), write RURAL  OR end give negate light), write RURAL  (In this place)  TOWN  NOSTIAL OR  NOSTIAL OR		
1			(Day) (Year)
	Type of Printi	ters DEATH February	26. 19 61
	temal fille, (Specify) San		Deys Hours Min.
	dear during and of market the same to the the property of	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
8	Interest of actor Mursing 100	my tarrand Colld	200 A
	13./ FATHER'S NAME	14- MOTHER'S MAIDEN NAME	(11)
	James Lemple	Courilla Strit	aker
S	,	17. INFORMANT & ADDRESS	pico m
4	tos, flood unit.) (if res, greener or asies of service)	02 Edward falle &	settle "
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	4) 2 IMMEDIATE CAUSE (A) Uremia		7 days
	ANTECEDENT CAUSE(S) DUE TO		
н	GIVING RISE TO THE ABOVE CALISE		
	STATING UNDERLYING CAUSE LAST. DUE TO		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	scular Disease	?
	TO THE DEATH BUT NOT RELATED TO THE		
-01		IN ALISE	20 AUTODEV2
C	THE STATE OF STRAINER		
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County	(State)
		TH. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from January	1956 to Feb. 26 19 61 that I I	ast saw the deceased
A	alive on Feb. 25 19.61 and that death occurred at	3:25. DM. from the causes and on the date stated	ahove
W	SIGNATURE		DATE SIGNED
5.10M	Willard P. Ahidson M.O.	Forest Hill, Md. Fab.	26. 1961
5	23. BURIAL GREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
A15C 1-55	REMOVAL (SPECIEY) March 1 1961 Mit	alyon the pland Co	mod
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL PIRECTOR'S SIGNATURE	DDRESS *
	DATE TO POLICE 3 '61 Orthur S. Know	1 Hotel 112 12 12/12	Minglow

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## CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CE	RTIFIC	ATE	OF	DEA	TH

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	o. COUNTY AR REORD	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY HARFORD
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	37DAYS.	C. CITY OR TOWN (If outside corporo	te limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION  AREA REPORTED HENDERS	L HESPITAL	d. STREET ADDRESS  Aber Lee-N	R. THI. C. IS RESIDENCE ON A FARM? YES NO DE
3	NAME OF DECEASED (Type or print)	Middle M	CLARFIELD 4. DATE OF DEATH	Month Day Year FeBRUARY 6 1961
9	Lemale Color OF RACE, 7. MARK		B. DATE OF BIRTH JEGY 9	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
1	JOSUAL OCCUPATION (Give kind of work done 10b. during most of werking life, even if retired)	Houses.	STRY 11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
1	3. PATHER'S NAME ULL TUOWL		14. MOTHER'S MAIPEN NAME THATH	Swith 1.
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	Dey (as & Stausler	ery (Lou) aberdeen
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).	0	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, if only, which ) (b)	Tiabetes !	Wellities .	
	gove rise to immediate couse (a), stating the under-lying couse lost.	ylerteusius	Lardio revel	Tiseise
	Salaria de la companya de la company	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 📶 NO 🗌
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port I	l of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. While p. m. 19	_ Not while _ for	ACE OF INJURY (Home, farm, 20f. (City of ctory, street, office bldg., etc.)	or town) (County) (Stote)
	21. I certify that (I) (this hospital) attends	4	12/3 1960, to	2/6, 1961, that (I) (we) last the causes and an the date stated above.
	220. SIGNATURE J. Stansbu		M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS. 2/7/6/
	PHYSICIAN'S NAME (Type) George T. St.	ans bury	22d. ADDRESS	Haure de Grace, Md.
2	230. BHRIAL, CREMATION, 23b. DATE THEREOF DEWYOLA (Specify) 2/10/196/	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION COLOR	on (City, town, or county) (State) McRees. Illary and
2	Jalue G. DERTURE - 1	lexteen. The	250/REC'D BY REGISTRA DATE FEB 1 0 '6	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 1997 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY Harford MARYLAND Harford Marvland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Aberdeen Aberdeen d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OF INSTITUTION ON A FARM? 1 Box 220 RD1 Box 220 YES NO NAME OF First Middle Last 4. DATE Month Year Day DECEASED February DEATH (Type or print) 196] 5. SEX 7. MARRIED X NEVER MARRIED 9. AGE (In years lost birthday) 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min. 10/31/08 Male Caucasian WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Retired US Navy Wyoming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hospital Records 23 vrs Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate DUE TO coese (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, Day, Year 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) a. m While Nat while at work at wark p. m 21. I certify that I attended the deceased fram. 19 (a) that I last saw the deceased and that death occurred at 35A alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL iCF116 PHYSICIAN'S 151A 4105. 14 me uezer NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S STGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

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